MODULE 1 -Injury prevention

Health and Safety in the Early Childhood Program

Modified Module 1
Injury Prevention

Desired Outcomes: (Objectives)

1. Identify a hazard versus a risk.
2. Name four ways to prevent injuries.
3. Understand how to create safe indoor and outdoor space for children.
4. Recognize household chemicals that may poison children.
5. Be familiar with the ten tips for playground safety.
6. Understand "active" and "passive" methods of injury prevention.
7. Know how to set policies and teach children to minimize intentional injuries.
8. Identify important aspects of emergency planning and preparation.
9. Learn methods for teaching safety to children.
10. Understand steps to take to prepare for a disaster.
11. Understand how to safely transport children.
12. Know where to find information on creating a safe nursery.
13. Be familiar with facts and tips on fire safety.
14. Demonstrate knowledge in keeping smoke/carbon monoxide alarms functioning properly.
15. Know policies for having pets in an early childhood program.
16. Know how to prevent children from becoming sunburned when going outside.
17. Know the state policy regarding guns on the premises of child care facilities or homes.
18. Understand the basics of selecting safe toys.
19. Understand the scalding and burning hazards associated with hot water.
20. Know the three categories of lead poisoning.

Injury Prevention

Injuries, not diseases, are the leading cause of death and disability among preschoolers in the United States. In Utah, unintentional injuries are the leading cause of death among young children ages 1 to 5, and motor vehicle accidents are the most frequent cause of fatal injury. Many unintentional injuries can be prevented, and you can make a difference.

Following are two major interventions used to prevent injuries from occurring:

- **Active intervention.** This requires participation and education focusing on changing individual behavior. Examples: Placing a child in a car seat every time he/she rides in the car.
- **Passive intervention.** This requires legislation measures or technological measures within the environment that does not rely on individual behavior. Example: Legislation requiring children to be restrained in a car safety seat or seat belts, or technology that provides for a more safe and effective car seat. (The act of securing a child in a seat belt would be active intervention.)

Other prevention strategies:

- **Education -** the use of specific educational information to designed to inform and educate providers about hazards and risks.
- **Legislative -** the use of laws and regulations to mandate changes in behaviors, environment or use of technology.
- **Technological -** the use of engineering designs to reduce the hazards or eliminate them entirely.
- **Consumer Safety Ratings.**

None of the above stated prevention strategies will improve or change anything unless the early childhood provider becomes educated and aware of potential hazards and risks and one then changes the attitudes and behaviors regarding these risks.

The first, and perhaps the most important step in injury prevention is becoming aware of where potential risks and hazards may fall. Creating a safe facility, whether in your own home or an out-of-home program, requires an environment that allows children to learn by taking risks and challenging themselves. And at the same time, a safe facility protects them from injury. Through education and awareness of safety standards, a provider can create a safe environment, which also allows developmental challenges for the children in his/her care.

Hazard vs. risk.

So what is a hazard versus a risk and why is that important to know?

- A HAZARD exists when the injury-causing problem cannot be seen. In this circumstance, the child cannot evaluate or see the hazard.
- A RISK exists when a challenge exceeds a child's level of competency.

Removing hazards and recognizing the developmental capabilities of young children may dramatically reduce the amount and kinds of injuries for children in an early childhood program.

Four Ways to Prevent Injuries

As an early childhood provider you know that play is a major activity of all young children. Through play, children learn about their environment. Through exploration, children learn to control their bodies, develop their senses, learn about their surroundings and learn how to live and interact with other people. This is also how injuries can occur. Knowing this, one can help children venture into an early childhood program environment safely by arranging facilities, homes, and indoor and outdoor play areas in a child-oriented, hazard free environment and by providing adequate supervision at all times.

Injuries can be prevented in the following four ways.

1. Creating a safe space
2. Using prevention strategies
3. Emergency preparation
4. Teaching safety to children and parents

Create a Safe Indoor Space

As an early childhood provider, you are required to follow certain safety standards and practices in order to be licensed or certified. You can create a safe indoor environment by carefully following these basic guidelines.

- Be alert to hazards and eliminate or avoid them.
- Look at the world through the eyes of a child. Get down on your hands and knees to see what a child sees. You may be surprised at what you discover.

- Conduct regular safety checks. Each room should have a cursory check daily and a thorough check at least once per month. Utilize safety checklists (see Appendix B) to assist in alerting you to potential hazards as well as a tracking system for your records.

Encourage all staff to participate in conducting safety checks. The more people involved in the check, the more hazards might be found. Include staff in planning ways to resolve identified health and safety hazards.

- Know what you are buying. Read labels and instructions carefully. If you have complaints or questions about the safety of a product, call the Consumer Product Safety Commission (CPSC).
- Check donated or second-hand items carefully. Make sure they are safe and meet current safety standards set by the Consumer Product Safety Commission (CPSC).

Poison Control

Following are suggestions to help avoid accidental poisoning:

- Post the number for the Poison Control Center where it is easily accessible, and available in an emergency situation. During a moment of panic, it is easy to forget an address or phone number for where you work, or even your own home! Post the number by the phone where you won't have to think about it in an emergency.
- Do the flush! Rid your home of nonessential poisons right now.
- Now crawl around. Check your entire home regularly to make sure that all poisons are not just out of sight and out of reach (remember kids can open doors and climb on counters), but secured in a cabinet with a lock or safety latch.

Most poisonings happen in the home and involve children. Common household items are often the cause. Following are some common household items that may poison a child:

Alcohol (all types)	Bleaches
Detergents	Cleansers
Fertilizers	Charcoal Lighter Fluid
Weed Killer	Oven Cleaners
Furniture Polish	Baby Powder
Glue	Kerosene and Gasoline
Paint and Paint Products	Ammonia
Cosmetics	Medicines
Lye	Mothballs
Rat Poison	Suntan Lotion
Pesticides	Some Household Plants (Diffenbachia, Rhdodendron)

If a Poisoning Occurs

If a child is unintentionally poisoned while in your care, do the following:

- Call Poison Control immediately at (800) 222-1222. Follow the instructions given to you by the Poison Control Center. Syrup of Ipecac, kept in the first-aid kit, will induce vomiting, however, do not induce vomiting unless instructed to do so by the Poison Control Center.
- Call the child's parents or guardians.

- If the Poison Control Center recommends that the child go for a medical evaluation, bring or send samples of the substance that was ingested.
- Bring containers, labels, boxes, and package inserts that came with the material that the child ingested. Also, look carefully for extra containers around the immediate area where the incident occurred, (the child may have ingested more than one substance).
- Try to estimate the total amount of substance the child might have taken in, and whether the material was swallowed, inhaled, injected, or spilled in the eyes or on the skin.
- Send or bring the child's health file, including consent forms, names and telephone numbers of parents/guardians and emergency contacts.

If a chemical is spilled on someone:

- Dilute the chemical with water and remove any contaminated clothing, using gloves.
- Place all contaminated clothing and other potentially contaminated items in an airtight bag and label the bag. You may wish to "double bag" contaminated items.
- If a chemical has been splashed in the eye(s), immediately flush the eye(s) with lukewarm water.

Some poisons have delayed effects, causing moderate or severe illness many hours or even some days after the child has ingested the poison. Ask the Poison Control Center whether the child will need to be observed after the treatment and for how long. Make sure the child's parents/guardians understand the instructions.

The following conditions suggest the possibility of poisoning:

- Nausea, vomiting or sudden cramps
- Coughing or shortness of breath
- Cold, clammy skin
- Burns around the mouth
- Disoriented, slurred speech
- Dizziness, drowsiness, or unconsciousness
- Unexplained convulsions

Refer to Appendix B of the Participant Handbook for a list of poisonous plants and art supplies and for Utah Poison Control Center information (stickers, brochures etc.).

Tips for Playground Safety

Outdoor play is an important part of child development. Children learn to challenge themselves physically and to develop motor, decision making and social skills. It is very important to recognize the developmental differences in children when planning the type, size, accessibility and layout of a play area.

Utilize the Safety Checklist for Active Play Areas in Appendix B as a resource.

1. Supervise children.
2. Check equipment.
3. Avoid unnecessary heights.
4. Use a soft surface for ground cover.
5. Keep equipment away from traffic areas.
6. Keep equipment age-appropriate.
7. Record/conduct daily maintenance checks of playground area and equipment.
8. Separate play areas.
9. Fence off from dangerous areas.
10. Teach the children.

Type of Material	6" DEPTH	9" DEPTH	12" DEPTH
Double Shredded Bark Mulch	Critical Height of 6 Feet	Critical Height of 10 Feet	Critical Height of 11 Feet
Wood Chips	Critical Height of 6 Feet	Critical Height of 7 Feet	Critical Height of 12 Feet
Fine Sand	Critical Height of 5 Feet	Critical Height of 5 Feet	Critical Height of 9 Feet
Fine Gravel/Pea Stone	Critical Height of 6 Feet	Critical Height of 7 Feet	Critical Height of 10 Feet
Medium Gravel	Critical Height of 5 Feet	Critical Height of 5 Feet	Critical Height of 6 Feet
Engineered Wood Fibers	Critical Height of 6 Feet	Critical Height of 7 Feet	Critical Height of 12 Feet
Shredded Tires*	Critical Height of 10-12 Feet	Critical Height of N/A	Critical Height of N/A

*This data is from tests conducted by independent testing laboratories on a 6-inch depth of uncompressed shredded tire samples produced by four manufactures. The tests reported critical heights that varied from 10 feet to greater than 12 feet. It is recommended that persons seeking to install shredded tires as a protective surface request test data from the supplier showing the critical height of material when it was tested in accordance with ASTM F1292.

Times When Children Get Hurt

Following are times when children are most likely to get hurt:

- When staff are absent or busy
- When children are not involved with the planned activity
- When children are tired or hungry (i.e. immediately before lunch)
- In the late morning and late afternoon, especially in the fall and spring
- When hazards are too attractive.

Early childhood providers must be aware of unattractive or unsuspected hazards, too, such as:

- During field trips, when there are new places to explore and safety rules may be forgotten.
- When another child becomes injured or ill and the routine is disrupted, other children become more at risk because of decreased supervision and distractions.

Intentional Injuries

Children often show aggression either verbally (what they say) or physically (how they act). Verbal aggression by children or adults such as belittling, ridiculing or taunting a child can greatly affect a child's self-esteem. Physical aggression such as biting, hitting, scratching, and kicking may result in physical injuries. Parents and caregivers have become increasingly worried about injuries that result in bleeding and potential exposure of children and caregivers to infectious blood-borne pathogens such as hepatitis B and HIV.

An intentional injury can be defined as an injury deliberately inflicted by one person to another. Learning limits and self control is a normal part of growth and development. However, it is important to keep children safe and prevent injury regardless of the circumstances. Following are some ideas that may help reduce or prevent intentional injuries.

- Set clear limits by establishing policies. Educate parents of these policies.
- Show children how their actions affect others.
- Re-direct aggressive behavior to an activity that interests the child.

- Teach and reinforce coping skills.
- Encourage children to express feelings verbally and in a healthy way.
- Provide acceptable alternatives for children to express and release anger, i.e. kicking balls, punching bags, etc.

If a child is bitten by another child:

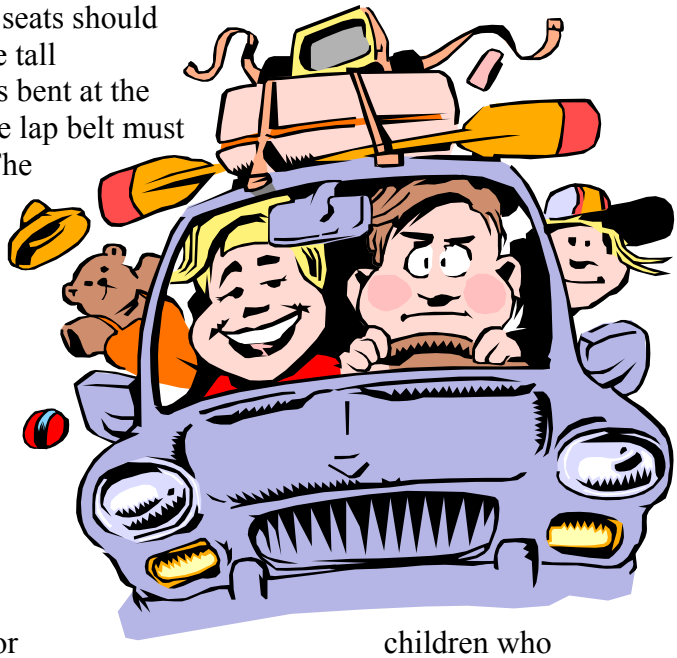
- Administer first-aid.
- Ask the parents of the injured child to seek medical care if the bite causes bleeding.
- Notify the parent(s) of both children if the bite causes bleeding. Testing for HIV and HBV may be considered and should be discussed with a health care professional.

A child who is known to be positive for HIV or hepatitis B and who bites, even after efforts to discourage the behavior, should be taken out of the early childhood program until the behavior ceases.

Car Safety

Motor vehicle-related injuries are the **leading cause of death among children** at every age after their first birthday. A provider can reduce the risk of a death or injury to a child involved in a motor vehicle crash by following a few simple safety tips.

- All children aged 12 years and younger should ride in the back seat for two important reasons. First, the back seat is generally the safest place in a vehicle during a crash. Second, children sitting in the front seat have been injured and killed by passenger air bags as they inflate in a crash. If your vehicle has a passenger air bag, children aged 12 years and younger should always ride in the back.
- Infants should ride in rear-facing child safety seats until they weigh 20 pounds and are one year old. Never place a rear-facing child safety seat in front of an air bag.
- Toddlers and preschoolers aged 1 to 4 years should ride in a forward-facing child safety seat until they weigh about 40 pounds (usually around age four), or until their ears reach the top of the back of the child safety seat, or their shoulders are above the top seat-strap slots.
- Children who have outgrown their child safety seats should ride in a booster seat. Children should use a booster seat until the lap and shoulder belts in the car fit properly, usually when they are at least 4 feet, 10 inches tall and weigh at least 80 pounds. In most cases, this means that children 4 to 8 years old should ride in a booster seat.
- Children who have outgrown their booster seats should always use a safety belt. The child must be tall enough to sit without slouching, with knees bent at the edge of the seat, with feet on the floor. The lap belt must fit low and tight across the upper thighs. The shoulder belt should rest over the shoulder and across the chest. Never put the shoulder belt under the child's arm or behind the child's back.



- Teens and adults should never drink and drive and they should always wear a safety belt.
- Keep a well-stocked first aid kit in the car.
- It is a state law that all children ride in appropriate restraints.
- Car trunks present a special risk of death for children who may become trapped inside. Children can climb into trunks that are left open or that they open themselves, with or without keys. Keep cars and trunks locked and keys out of reach of children.

Fire Safety Facts

While most of us understand the importance of fire safety, we often forget just how dangerous a fire can be. Among children between the ages of one and nine years, fire and burn-related injuries are the third leading cause of injury death.

- The most common causes of home fires are cooking and heating equipment.
- Children are fascinated with matches and may play with them if the opportunity is presented.
- Most victims of fires die from smoke or toxic gases and not from burns. That is why it is so important for people to have training in early warning and escape. Training in early warning and escape, such as fire drills, increases one's chance of escape before one's ability to think and move could be impaired.
- The facility should have a written plan for reporting and evacuating the facility or home in case of fire. The staff and children should practice what to do in case of fire. The staff should evaluate what happened after each fire drill, and make a plan to implement improvement.

The early childhood facility or home should have a written plan for reporting and evacuating staff and children in the event of a fire. It is estimated that there are only two minutes to get outside. It is easy for anyone to panic and be confused during these two minute, especially children. During a fire, children often try to hide in a closet or under beds where they feel safe rather than going outside. That is why it is so important to make a fire escape plan for everyone in the facility and practice it according to your policy.

- Discuss two different ways to get out. Include where children and staff are to meet when they have evacuated the building.
- Choose a safe place outside for the staff and children to meet away from the burning building, other buildings or structures which may catch fire and away from any area where emergency vehicles may arrive.
- Keep an updated roll of the children daily. It should include notes of when children left unexpectedly during the day.
- Have emergency numbers posted and in place.
- Do not stop to grab belongings.
- Do not go back in to a burning building.

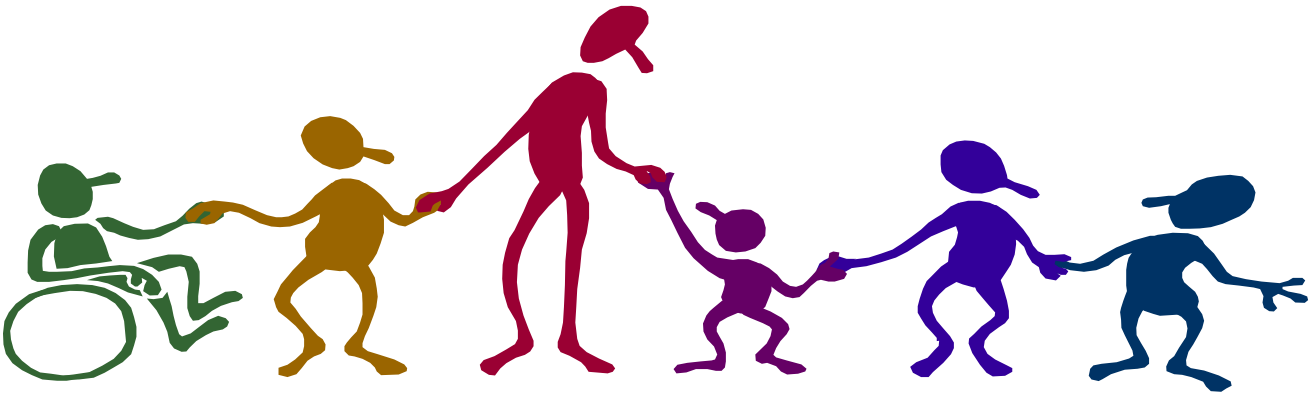
Teaching Children to "Stop, Drop and Roll"

Clothing fires are a major cause of burn injuries to children. Children can set their clothes on fire by playing with matches or getting too close to open fires or stoves. If this happens, a child's natural reaction is to run, which will make the situation worse. Teach children the "stop, drop, and roll" maneuver. This has saved many lives, and we should practice this maneuver with the children. The moment clothes start to burn:

- **Stop** where you are
- **Drop** to the ground
- **Roll** over and over with your hands covering your face.

Children love poems and rhymes. Combined with movement, children will remember.

"STOP where you are…"
"DROP to the ground…"
"Roll over and over, round and round"



Smoke Alarms

One of the most important fire safety devices for an early childhood program, center or home is the smoke alarm. Studies have shown that in a fire, smoke alarms cut the chances of dying in half. Staff should also know how to respond to a smoke alarm. Those with non-working smoke alarms most often report that they disconnected or removed the battery to stop nuisance alarms, or they forgot to replace the old battery.

- Replace the battery every 5-6 months or according to manufacturers directions.
    - Install smoke alarms outside each separate sleeping area and on every floor of your home or center, including the basement. Smoke detectors shall be placed on each floor, no more than 40 feet apart, installed on the ceiling or the wall 6 to 12 inches below the ceiling.
    - The staff should be able to demonstrate the ability to locate and operate the fire extinguishers.

Carbon Monoxide Detectors

Included in your facility or home should be a carbon monoxide alarm. This is a monitor that detects carbon monoxide, a colorless, odorless gas that may prove deadly if left undetected. Infants and children are especially vulnerable to carbon monoxide due to their high metabolic rates. Because children use more oxygen faster than adults do, deadly carbon monoxide gas accumulates in their bodies faster and can interfere with oxygen supply to vital organs such as the brain and the heart. Unborn babies have an even higher risk of carbon monoxide poisoning, and carbon monoxide poisoning in pregnant women has been liked to birth defects.

Pets in Early Childhood Programs

Pets can be excellent companions and provide enriched learning opportunities for children. Pets can meet emotional needs of children and others for love and affection. However, some special attention needs to be in place to prevent injuries and protect the health of children exposed to animals.

- Indoor or outdoor pets should be in good health, show no evidence of disease, and be friendly towards children. They should be clean, adequately fed, and sheltered.
- Dogs or cats need to be appropriately immunized and be on flea, tick and worm control maintenance programs. Proof of immunizations for pets should be with your records.
- Pet waste should be disposed of immediately. Litter boxes should not be accessible to children. Cages should have removable bottoms and be kept clean and sanitary. Children should not be responsible to clean pet cages.

Standard for Prohibited Pets

There are certain animals not appropriate for pets in early childhood programs. The facility shall not bring in ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), or any wild or dangerous animals. The facility may consider an exception for reptiles if:

- The animals are kept behind a glass in a tank or container where a child cannot touch the animals or the inside of the tank.
- The state health department grants authority for possession of such animals.

Sun Safety

Early childhood providers must take steps to prevent sunburn when children are playing outside. In addition to providing shady areas for play consider the following guidelines for preventing sunburn:

- Keep babies under 6 months of age out of direct sunlight. Do not apply sunscreen to babies under six months of age. Dress babies in lightweight clothing that covers the arms and legs and use brimmed hats.
- Apply sunscreen to children older than six months before going outside, even on cloudy days. Apply sunscreen at least 30 minutes before going outside and when getting in and out of water.
- Use sunscreen with sun protection factor (SPF) of at least 15.
- Try to keep children out of the sun between 10 a.m. and 4 p.m. That is when the sun's rays are strongest.

Early childhood providers must get a medication permission slip signed by a parent or guardian in order to apply sunscreen. Sunscreen is considered an over-the-counter medication.

Firearms and Early Childhood Programs

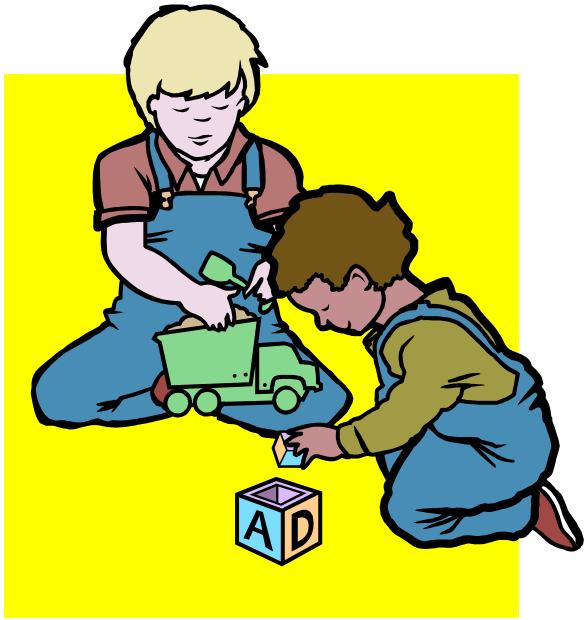
- Firearms should not be kept on the premises of any out-of-home (provided in a center, not a home) early childhood program.
- Firearms include handguns, rifles, shotguns, pellet guns or BB guns. If the program is a home-based program, the personal firearms of the homeowner should be kept unloaded, in a locked cabinet with ammunition stored separately and in an area that children do not have access to (R430-50-10 Fire, Safety and Sanitation Dec. 2001).
- If you provide child care in your home and there is a gun on the premises, prospective clients must be informed that there are firearms on the premises before they sign their children up for your program.
- Teach children:
    - There is a difference between real life and TV violence.
    - Guns are not a toy, and if they should find a gun, leave it alone and tell an adult.
    - Even toy guns should never be pointed at another person.
    - What to do if they find a gun.

Toy Safety

Small children learn about their surroundings by putting things into their mouths. Objects small enough to fit into a toilet paper roll may be small enough to cause a child to choke. Following are guidelines to assist the early childhood provider to keep toys safe.

- Keep small toys or **ANY** balloons (inflated or deflated) out of children's reach. Balloons have caused the death of many infants and children and should not be allowed in a childhood facility or home.
- Any toy small enough to fit through a circle 1 1/4" in diameter or which is smaller than 2 1/4" in length is unsafe for small children.
- The US Consumer Product Commission uses a cylinder 1 1/4" in diameter and 2 1/4" in length to test toys. Many toy stores have small parts cylinders available for use or purchase. This picture is representational only.

If an early childhood provider has questions as to whether a toy is too small, cut an empty toilet paper roll 2 ¼ inches in length. If a toy will pass through it, then the toy is too small. If the toy is shorter than 2 ¼ inch, the toy is too short.



Hot Water and Scalding Hazards

Tap water burns are the second most common cause of severe burns. Children under the age of five and adults over the age of 65 are the most frequent victims. Most scalding burns happen in the kitchen, but the most severe burns happen in bathtubs or showers.

Younger children are at greater risk from scalding burns. Because their skin is thinner, they burn more easily and more deeply. At 140 ° Fahrenheit, a child can receive a third degree burn, requiring hospitalization and skin grafts, in five seconds. Young children do not or cannot get out of the hot water as quickly as adults.

The medium or average water temperature setting on most water heaters heats water to 140°. Turn down your water heater or install scald protection devices on faucets that are accessible to children. Water accessible to children should not be hotter than 120°.

WATER TEMPERATURE	**2nd DEGREE BURN** No irreversible damage	**3rd DEGREE BURN** Hospitalization/skin grafts needed
118°	In 15 minutes	In 20 minutes
120°	In 8 minutes	In 10 minutes
124°	In 2 minutes	In 4 minutes
131°	In 17 seconds	In 30 seconds
140°	In 3 seconds	In 5 seconds

Three Categories of Lead Poisoning

Lead poisoning in children can occur from lead found in their homes, school, and outdoor play areas. High levels of lead in a child's body can cause serious illness or permanent damage. Children with elevated blood lead levels may show no symptoms, but continued lead exposure may permanently affect development and the ability to learn. Although severe lead poisoning can be treated medically, it may not fully restore the loss of intellectual and neurologic function initially sustained.

- **Low Dose Sources:** Examples include food, ambient air and drinking water.
- **Intermediate Dose Sources**: Examples include dust, interior paint removal and soil contaminated by auto exhaust.
- **High Dose Sources:** Examples include lead based interior and exterior paints (prior to 1970, most paint contained lead) some lead glazed pottery, and some varieties of folk remedies (i.e. greta, azarcon).

Lead Screening

Since children often show no signs of lead poisoning at first, risks for possible lead exposure should be assessed by a health care provider or at local screenings when a child is between the ages of 6 months and 6 years. If elevated bloods lead levels are found, children will need to be followed closely by a health care provider and attempts should be made to find and eliminate the source.

Preparing for Emergencies

Remember these three things in an emergency:

1. **Keep calm - y**oung children have great faith in adults' powers and are responsive to adult reassurances. Model and demonstrate coping skills, because children will imitate adults in reacting to a situation. Children need to find consistency and security in their day, especially when the rest of their life is unpredictable. Provide a framework that will be the same from day to day.
2. **Follow your emergency plan - y**our policies and procedures should clearly state the roles and responsibilities of the children, staff and parents.
3. **Act quickly - a delay in action may cause harm.**

Adequate preparation to handle emergencies is key to the outcome of the emergency. There are also many Internet sites dedicated to helping early childhood programs become prepared for many types of emergencies.

Think about your home or facility's readiness to handle an emergency by asking yourself the following questions:

Yes No Do you know to which natural, man-caused, or personal disasters for which your location is potentially vulnerable?

Yes No Have you planned what you can do to eliminate or minimize the impact of potential disasters on your facility?

Yes No If you needed to evacuate your home or facility right now, do you know where to go for shelter?

Yes No If you were required to get away from potential harm immediately, do you know how much gasoline is in your vehicles at this very moment?

Yes No If electricity were unavailable for an extended period, do you know how you would protect and cook your food and provide heat and light?

Yes No Do you have a sufficient supply of food in your home facility to last 2 or three days?

Yes No If someone in your home or facility were injured and medical help were not readily available, do you know what medical resources would be at your disposal?

Yes No Have you developed an emergency communication plan to reach parents if in the event that conventional communication was knocked out?

Stocking and Maintaining the First-aid Kit

All early childhood programs should have a first aid kit available on the premises as well as in the vehicle used for transporting children

Each kit must be large enough to hold all the necessary supplies for the size of the program. Use a container that will close tightly, and can be easily stored out of reach of children. Arrange the contents so that you can easily reach them without emptying the entire kit. Follow your policy for checking the first-aid kit for broken seals, outdated or missing items.

The American Red Cross recommends that first-aid kits contain:

- ❒ First-aid cards
- ❒ Adhesive strip bandages (1/2", 3/4", 1" strips)
- ❒ Gauze bandages (4x4", nonstick, sterile)
- ❒ Rolled flexible or stretch gauze
- ❒ Bandage tape
- ❒ Nonstick, sterile pads (different sized)
- ❒ Triangular bandages
- ❒ Small splints
- ❒ Eye dressing or pad
- ❒ Scissors
- ❒ Tweezers
- ❒ Safety pins (many sizes)
- ❒ Thermometer (not glass)
- ❒ Flashlight with fresh batteries (store extra batteries in the freezer)
- ❒ Disposable latex/vinyl gloves
- ❒ 3 oz. bulb syringe (to rinse eyes, wounds, etc.)
- ❒ Commercial cold pack or plastic bag for ice cubes
- ❒ Clean cloth
- ❒ Soap
- ❒ Small plastic cup
- ❒ Sealed packages of antiseptic wipes
- ❒ Syrup of Ipecac (1 oz. bottle for every 6 children)
- ❒ Special items for children with special health care problems (i.e., bee-sting kit, inhaler)
- ❒ Emergency telephone guide
- ❒ Emergency contact information (phone numbers of parents/emergency contact)
- ❒ Change for pay telephone
- ❒ Pen, pencil and note pad

Additional Resources

In addition to the resources available through school media centers or public libraries, booklets, pamphlets, periodicals, and videos concerning natural and man-made disasters are available through volunteer organizations, federal, state, and local agencies [1].

Volunteer Organizations:

- Local American Red Cross Chapter
- Local Churches
- Salvation Army
- CERT Teams

Local Agencies

In Utah, community agencies are the first responders to any type of emergency or disaster. These agencies are an invaluable resource and often have materials available to distribute or loan. (For more information, refer to your local telephone directory.)

- The Utah Division of Comprehensive Emergency Management
- Fire Department
- Emergency Medical Services
- Police Department/Sheriff's Office
- Local County Health Department
- County Department of Family and Children Services
- 911 Communications Center

Additional State and Federal Resources for emergency preparedness:

Utah State Office of Education
250 East 500 South
Salt Lake City, Utah 84111
(801) 538-7500

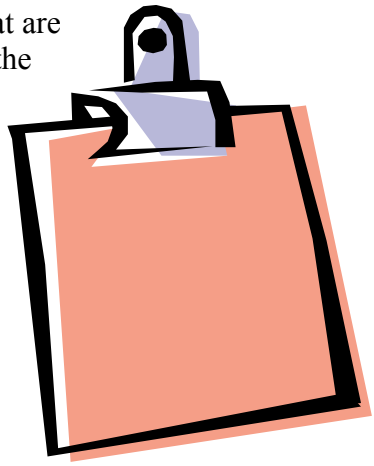
Utah Division of Comprehensive Emergency Management
Post Office Box 141710
1110 State Office Building
Salt Lake City, UT 84114-1710
1-800-FAULT
(801) 538-3400

Department of Natural Resources
Post Office Box 145610
1594 West North Temple, Suite 3710
Salt Lake City, Utah 84114-5600
(801) 538-7200

[1] Source: Utah Department of Public Safety, Division of Comprehensive Emergency Management, *Model Planning Guide for School Emergency/Disaster Preparedness*, November 1999

Recommendations for Establishing Rules

Setting behavior limits and creating rules are essential to injury prevention in the outdoor play area. Children are just beginning to learn to control their behaviors and understand rules. Some recommendations for establishing rules are as follows:



1. Make rules only necessary for safe play and no more. Too many rules that are complicated and long are not enforced consistently and are frustrating to the children and the caregivers. One way to limit the number of rules is to look at ways you might change the environment so a rule is not necessary. Instead of a rule that prohibits children from entering a vegetable garden, install a temporary, but safe barrier.
2. Make sure all rules, including safety rules are at an appropriate developmental age for the child. Never make rules that require children to behave or act in a way that is beyond their ability.
3. Enforce all rules of older children and toddlers consistently and firmly, but kindly. Whenever possible state rules in the positive language that tells the child the behavior expected instead of what not to do. Children are often confused with negatively stated rules and only hear the action part of the statement. Stating, "Don't let go of the handrails when you climb up the slide", they hear only "let go of the handrails." When stated in a positive manner, "Put both hands on the rails when you're climbing up to the slide", children respond more appropriately. Caregivers need to use consistent rules and the same language whenever stating the rules. Children easily become confused when they get different messages about what behavior is acceptable.
4. Teach and reinforce instructions about crossing the street, waiting for a ride, or loading and unloading from a car or bus.
5. Whenever the opportunity arises, let the children help with the rule making process. To discuss situations with the children, ask what rules they think should be followed to prevent injuries. Children are more likely to follow the rules when they are part of the rule making process.
6. If the children make a rule that you know will not work, as long as it is safe, give the rule a try, then help them problem solve how to revise it so it does work.
7. Positively reinforce children who are following rules; this helps everyone feel good about the rules and reminds them as well.
8. At times it may be necessary to interrupt children's play. When play has become dangerous, help children find a safer way to continue their play or redirect their activities.

Teaching Children Safe Habits

Teaching children safe habits is an essential part of any injury prevention program. When an incident occurs, use the moment to teach children how the accident happened and how it could have been prevented. Make sure children understand your messages. State messages in a positive way. Explain the behavior you desire. Show them what you want them to do, and then have them practice.

- Integrate safety into the curriculum. See Appendix B for examples and sources for safety curriculum.
- Be a positive role model.
- Explore safety during "circle time." Help children work through fears about scary or new situations by asking "What Would You Do If" type of questions. Examples would be:
  - ☺ "What would you do if you found pills on the kitchen table?"
  - ☺ "What would you do if you found matches or a lighter?
  - ☺ "What would you do if you got in a car and couldn't work the seat belt?"
  - ☺ "What would you do if you were climbing up the slide ladder and someone got too close behind you?"
- Provide opportunities for dramatic play. Dramatic play is the perfect opportunity for children to practice safety habits in a fun, safe way. Set up a safety corner with items such as a cardboard car with real safety belts, a pretend first-aid kit, or posters on safety.
- Stock reading shelves with safety books. Borrow safety books from the library or your local Child Care Resource and Referral agency.
- Invite visitors from community agencies with emergency functions to meet the children and/or visit the local Emergency Management office, fire department, and/or emergency medical service provider.
- Use carefully chosen newspaper and magazine articles to illustrate disasters and their effects.
- Read a story involving children and an emergency situation and ask children to draw a picture about responding to the situation.
- Visit sites where natural change is taking place and emphasize both constructive and destructive effects of floods, fires, and storms.
- Conduct exercises/drills with children and let them make identification badges – name, address, and telephone number.